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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G01358

1. Corporation Name
FLORIDA TRAILER SALES, INC.

Principal Place of Business	Mailing Address
~~HWY 441~~ ~~P.O. BOX 1348~~ MOUNT DORA FL 32757	HWY 441 P.O. BOX 1348 MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/27/1982

4. FEI Number: 59-2240968 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 21811 Hwy 441	Suite, Apt. #, etc. 27 PO 1078
City & State 23 MT Dora FLA	City & State 28 Sorrento FLA
Zip 24 32757 Country 25	Zip 29 32776 Country 30

9. Name and Address of Current Registered Agent

LANIUS, JAMES A.
HWY 441, #21811
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name: LANIUS, JAMES A
82 Street Address (P.O. Box Number is Not Acceptable): 22935 YONGE Rd
83
84 City: EUSTIS FL 85 Zip Code: 32726

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 1/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	LANIUS, JAMES		1.2 NAME	LANIUS, JAMES	
STREET ADDRESS	HWY 441, ~~PO BOX 1348~~		1.3 STREET ADDRESS	22935 YONGE Rd	
CITY-ST-ZIP	MT DORA FL 32757		1.4 CITY-ST-ZIP	EUSTIS, FLA 32726	
TITLE		☐ DELETE	2.1 TITLE	Treas	☐ Change ☑ Addition
NAME			2.2 NAME	LANIUS, LOIS A	
STREET ADDRESS			2.3 STREET ADDRESS	22935 YONGE Rd	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	EUSTIS FLA 32726	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E024 (11/98)